

# Instructions for Completing The Alabama Medicaid Agency Referral Form (Form 362)

**TODAY'S DATE:** Date form completed  
**REFERRAL DATE:** Date referral becomes effective  
**RECIPIENT INFORMATION:** Patient's name, Medicaid number, date of birth, address, telephone number and parent's/guardian's name  
**PRIMARY PHYSICIAN:** Provide all PMP information. **Must be signed by Primary Physician (PMP) or designee**  
**SCREENING PROVIDER:** Screening provider (if different from Primary Physician) must complete and sign if the referral is the result of an EPSDT screening

## TYPE OF REFERRAL:

- ◆ *Patient 1st* - Referral to consultant for Patient 1st recipient only (See \*Chapter 39 for Claim Filing Instructions).
- ◆ *EPSDT* - Referral resulting from an EPSDT screening of a child **not in** the Patient 1st program – indicate screening date ((See \*Appendix A for Claim Filing Instructions).
- ◆ *Case Management/Care Coordination* - Referral for case management services through Patient 1st Care Coordinators (See \*Chapter 39 for Claim Filing Instructions).
- ◆ *Lock-In* - Referral for recipients on lock-in status who are locked in to one doctor and/or one pharmacy (See \*Chapter 3 -3.3.2 for Claim Filing Instructions).
- ◆ *Patient 1st/EPSDT* - Referral is a result of an EPSDT screening of a child that **is in** the Patient 1st program – indicate screening date (See \*Appendix A for Claim Filing Instructions).
- ◆ *Other* - For recipients who are not in Patient 1st program.

\*"The Alabama Medicaid Provider Manual" is available on the Alabama Medicaid website

**LENGTH OF REFERRAL:** Indicate the number of visits/length of time for which the referral is valid.

**Note: Must be completed for the referral to be valid.**

## REFERRAL VALID FOR:

- ◆ *Evaluation Only* - Consultant will evaluate and provide findings to Primary Physician (PMP).
- ◆ *Evaluation and Treatment* - Consultant can evaluate and treat for diagnosis listed on the referral.
- ◆ *Referral By Consultant to Other Provider For Identified Condition (Cascading Referral)* – After evaluation, consultant may, using Primary Physician's (PMP) provider number, refer recipient to another specialist as indicated for the condition identified on the referral form.
- ◆ *Referral By Consultant To Other Provider For Additional Conditions Diagnosed By Consultant (Cascading Referral)* – Consultant may refer recipient to another specialist for other diagnosed conditions without having to get an additional referral from the Primary Physician (PMP).
- ◆ *Treatment Only* - Consultant will treat for diagnosis listed on referral.
- ◆ *Hospital Care (Outpatient)* - Consultant may provide care in an outpatient setting.
- ◆ *Performance of Interperiodic Screening (if necessary)* - Consultant may perform an interperiodic screening if a condition was diagnosed that will require continued care or future follow-up visits.

**REASON FOR REFERRAL BY PRIMARY PHYSICIAN (PMP):** Indicate the reason/condition the recipient is being referred.

**OTHER CONDITIONS/DIAGNOSIS IDENTIFIED BY PRIMARY PHYSICIAN:** Indicate any condition present at the time of initial exam by PMP.

**CONSULTANT INFORMATION:** Consultant's name, address and telephone number.

**PLEASE SUBMIT FINDINGS TO PRIMARY PHYSICIAN BY:** The Primary Physician (PMP) should indicate how he/she wants to be notified by the consultant of findings and/or treatment rendered.